

Springfield Public School District 186 Whistleblower Form

* Indicates required question

1. Date *

2. You are knowledgeable about the information you are disclosing because (mark all that apply). *

Check all that apply.

I have direct knowledge of events or records involved.

Other employees have told me about events or records involved.

Other: _____

3. School building or District department involved in your disclosure. *

4. Please identify the specific person involved in your disclosure if applicable.

5. Please indicate what area of the Whistleblower Policy is being violated (mark all that apply). *

Check all that apply.

- Violation of law, rule or regulation
- Abuse of authority
- Management of funds
- Significant danger to public health and/or safety

6. Please give specific details. *

Please send to the Human Resources Department located at 3063 Fiat Avenue, Springfield, IL 62703.